

The Use of a Medical Interviewer

An Assistant Who Saves the Physician Time and the Patient Money

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MANY PHYSICIANS nowadays are struggling with the problem of dealing well and economically with the seemingly increasing number of patients with no serious organic disease but who are constantly tired, tense, worried, fearful or unhappy or are beset by a combination of the symptoms that are recognized as "psychosomatic" in origin.

Proper diagnosis and effective treatment for such a patient entails either long knowledge of his medical and personal history on the part of the physician, or time-consuming—hence costly—interview and history-taking. It is the unhappy, upset, fretful patients, requiring much more time than patients with "simple" organic disease, who put the heaviest load upon a physician. Moreover, and to a measure at the root of the whole matter, the patient who needs so much of the physician's energy and patience is often unable to pay for the time needed to interview and treat him properly. It is not economically possible for a physician to listen patiently to his symptoms and to set about relieving them, all for a five-dollar office visit. Yet the history-taking and the listening have diagnostic and therapeutic values and a conscientious physician is reluctant to deprive a patient of them.

ATTEMPTED SOLUTIONS

Many attempts have been made to solve the problem of giving proper care to these patients.

Self questionnaires such as the Cornell Medical Index have been used to get a large number of facts and a general picture of the patient without taking the physician's time. Requesting the patient to write out his "life history" and chief troubles has been tried by some investigators, including the author. Supplying the patient with a dictaphone device into which he can "talk out" his worries for future transcribing and reading by the physician is another method. Group therapy is being tried to break through the financial and time barrier of good psychotherapy. A few senior physicians have junior associates to do their listening for them, but this is unusual in a "family doctor" practice.

The commonest means available to a hard pressed family physician is to refer these patients to a psy-

• For dealing economically yet effectively with patients who are being made sick by psychic burdens rather than by "simple" organic disease, a trained interviewer who follows a formal outline in obtaining information from patients, can be of great assistance.

The physician who makes use of the services of such an interviewer should select a person with good qualifications for the job and then train her for it. It is also up to the physician to get the patient to accept the idea of interview by such an assistant.

After the interview, the interviewer prepares a typewritten summary for the physician for use as a guide in discussing means of treatment and prevention of psychosomatic illness with the patient.

The method saves the physician much time, the patients much money, and has resulted in many gratifying therapeutic successes.

chiatrist. But there are not enough good psychiatrists and the cost is too often prohibitive. Furthermore, the "stigma" attached to going to a psychiatrist is still felt by some patients as a strong objection. Today in many communities "clinical psychologists" are undertaking the care of patients of this kind with or without the approval of the physician. Beyond the pale of medicine are such people as "professional listeners" (so listed in the New York City telephone directory), fortune tellers, soothsayers of all types and deliberate charlatans.

Patients of the kind here considered are sick and they do need help. If the family physician cannot or will not supply it, they will seek it elsewhere. They are likely to be critical of the physician when they feel they have been given short shrift in his office, and they are often vocal-at-large in their complaints, to the detriment of the profession as a whole.

THE MEDICAL HISTORIAN METHOD

The author has used, with success, a method involving the services of a person who is hired to interview the patient and to assemble a pertinent history.

Usually it is easy for a physician during the course of the first routine history and physical examination to tell which patient is going to require more than an average amount of listening time. To such a

Submitted December 28, 1956.

patient I will say, *after* the routine history and examination and necessary laboratory tests are completed, "Mrs. Smith," (approximately 80 per cent of the patients I send to my medical historian are adult married women), "I believe that the chief factor in your illness is prolonged and moderately severe nervous tension. In my twenty years in medicine I have particularly interested myself in this problem and I have here my own list of its usual causes." I then show them my six page single spaced master list of "causes of nervous tension." I go on to point out that if I carefully went over this long list with them it would take several hours and that I have to charge \$25 an hour for my time. I then tell them that in order to save them what I consider a needless expense, I am asking them to see my medical historian who will spend two, three or four hours with them listening to their story and getting for me the facts I want to know. I stress that the historian will give no advice and offer no opinions; she is just my reporter, a helper in getting the facts. I tell them that usually her report is more valuable to me than the x-ray films and laboratory tests.

I go on to say that for her services I charge only \$4 an hour for the time it takes her to get the story, adequately summarize it and transcribe it. The average cost to the patient, I point out, is less than the cost of an x-ray examination of the stomach. Sixteen dollars average.

Finally I state that after I have my historian's report, I will spend one, two or three half-hour office visits with the patients analyzing the causes of her symptoms and making suggestions as to the cure and prevention of them. Patients are told that all interviews with the medical historian take place in the historian's home. This has many advantages, including complete quiet, comfortable and pleasant surroundings (tea is served at the midpoint of an interview so that the patient and the historian have a chance to rest and relax), reduction of overhead by avoiding the use of an expensive office, and great convenience for the historian and the patient since neither is confronted with parking problems or deadlines. In addition it is often difficult for a male patient to take two or three hours away from work for an interview of this type. As my historian's husband is always home in the evening, there is no "chaperoning" difficulty about her making an appointment for an occasional male patient to come in the evening or on weekends for an interview.

RESULTS

The results obtained with this method of diagnosing the causes of patients' nervous symptoms have been most gratifying to me and most enthusiastically and gratefully received by the patients. It has spared

me the task of trying to "hear someone out" with a waiting room full of other patients. It has relieved me of the energy-sapping job of listening attentively and sympathetically for one or two hours at a stretch to the endless tales of human trial and suffering, of tension and fatigue that is so much a part of and the cause of illness today. It provides me with an admirably written, organized and summarized account of each patient for whom I find this type of history desirable, so that at any time in the future I have the facts recorded, should my memory fail.

Finally, it has proved an excellent means of determining which patients truly need a psychiatrist, for if the patient is not making progress after two or three hours with my historian and one, two or three half-hour sessions with me, psychiatric evaluation is indicated.

REQUIREMENTS FOR A GOOD HISTORIAN

The requirements for a good medical historian are many and are important. The ideal historian is a happily married woman of 50 to 70 years, whose children are grown but whose husband is living, who has herself at one time held a job outside the home, who has had a college education or its equivalent, who is warm-hearted, understanding, patient and well-groomed. Her home, if it is to be used for the interviews, should be quiet and decorated in taste. She should be a good typist. There are many women who can meet these standards, who would enjoy this kind of work and who are ready and waiting to be trained by a physician to help with patients, as has been outlined here.

The working outline which my historian uses as her guide is as follows:

SPECIAL HISTORY FORM

Name of Patient..... Address.....
Age..... Occupation..... Date.....

FACTORS FROM WITHOUT

1. Inherited Traits and Tendencies

- (1) Father: Describe as to occupation, general health, disposition, sobriety, ill-tempered, worrier, strict, possessive, religion and race.
- (2) Mother: Same.
- (3) Brothers: Same and include present status, such as happily married, successful, relation to patient.
- (4) Sisters: Same as brothers.
- (5) Grandparents: Same where known.

2. Traits and Tendencies Acquired in Childhood and Young Adulthood

- (1) Parents' relation to patient
 - a. Wanted or unwanted child.
 - b. Closest to whom.
- (2) Happy or unhappy home.
- (3) General financial circumstances.

- (4) Changes of residence.
 - (5) Nervous traits, such as nail-biting, bed-wetting, stammering, etc.
 - (6) Overly protected.
 - (7) Particularly happy or unhappy events.
 - (8) Schooling.
 - a. How far?
 - b. Who stopped?
 - c. How well did you do?
 - d. Good and poor subjects?
 - e. Popular or lonely?
 - f. Socially active or inactive?
 - g. Friends; many, few?
3. *Work*
- (1) What type of work do you do?
 - (2) Do you like your work?
 - (3) How many hours a week do you work?
 - (4) How much commuting?
 - (5) What work outside of job?
 - (6) How long have you held present and previous jobs?
 - (7) Do you like the people you work with or work for?
4. *Rest, Recreation, Vacation or Change*
- (1) Do you have a rest period each day?
 - (2) Do you have a day or ½ day of rest or change each week?
 - (3) When was your last vacation? Was it restful? Was it successful?
 - (4) What hobby or recreation do you have? (Physical or intellectual?)
 - (5) How many hours sleep at night?
5. *Marital Problems or "Love Affair"*
- (1) How long have you been married?
 - (2) Are you happily married?
 - (3) Is there lack of love, appreciation, understanding, respect, or companionship in your marriage? (Give examples).
 - (4) Are you in love with your spouse?
 - (5) Is there a reciprocal feeling of love?
 - (6) If there are marital difficulties, what do you think are the chief reasons?
 - (7) Why did you get married? (Love, security, pregnant).
 - (8) What do you think your spouse can do to improve matters?
 - (9) What do you think you can do to improve matters?
 - (10) What are the causes of most of your arguments?
 - (11) Are you in love with anyone else?
 - (12) Are you a good (father, mother).
 - (13) Is your spouse a good (father, mother).
 - (14) Have you and your spouse ever separated?
 - (15) History of previous marriage, if any . . .
 - (16) Have you ever had violent arguments?
 - (17) How many children have you? What are their ages and sex?
 - (18) Do you think your children are any more of a problem than the average child?
 - (19) Do you argue about the children?
 - (20) Were your children wanted and planned for?
 - (21) Have you ever had an abortion?
 - (22) Were you pregnant prior to your marriage?
 - (23) Does anyone else live with you?
 - (24) Do you like the same kind of recreation?
 - (25) Which do you think the hardest job and most fatiguing . . . earning a living or running a house?
 - (26) How long after you were married did you begin to be dissatisfied with your marriage?
- (27) Do you wish to continue living with your spouse for any of the following reasons?
 - a. Because there are children.
 - b. Because separation or divorce is against your principles.
 - c. Because divorce or separation would injure your business or social standing.
 - d. Because you still love your spouse.
 - (28) Knowing what you know now, would you wish to marry if you were unmarried?
 - (29) List your own defects . . . your own virtues, and your spouse's defects and virtues.
6. *Money Problems*
- (1) Are you worried about money problems? Are you in debt?
 - (2) Do you think you spend your money wisely?
 - (3) Are you troubled with too much money or too little money?
 - (4) Do you or your spouse gamble to excess?
 - (5) Do you argue about money?
 - (6) How is the money managed in your home?
7. *Sexual Problems*
- (1) Are your sexual relations satisfactory or unsatisfactory? Climax?
 - (2) Do you use some method of birth control?
 - (3) Is there disagreement between you because of your contraceptive techniques?
 - (4) About how often do you have relations?
8. *Friends or Social Activity* (too much or too little)
- (1) Do you have many friends?
 - (2) Do you think your friends are the right kind for you?
 - (3) How often do you see them?
 - (4) Do you agree as to your choice of friends?
 - (5) How many times a week do you entertain or go out?
9. *Problems with Children*
10. *Problems with Parents or In-laws or Siblings*
11. *Religious differences and background*
- (1) What church . . . how devout?
 - (2) Does religion have much or little influence on your life?
12. *The Problems of Alcohol and Other Habits*
- (1) What is your alcoholic intake?
 - (2) How much do you smoke?
 - (3) How much coffee do you drink?
 - (4) Do you use sedatives or sleep medicine?
 - (5) Any problem with your spouse in this regard?
13. *Extracurricular Activities* (too many or too few)
- (1) P.T.A., clubs, drives, etc.
 - (2) How many groups are you active in?
14. *Any Other Problems Not Mentioned Above*

FACTORS FROM WITHIN

1. *Personality Defects* (have patient give examples to indicate presence or absence of these defects)
 - (1) Too sensitive.
 - (2) Perfectionism.
 - (3) Self-pity.
 - (4) Resentment . . . of individuals, or events, or conditions.

- (5) Immaturity.
 - a. Too much concern with one's self . . . give examples.
 - b. Poor sense of values . . . inability to get pleasure from simple things.
 - c. Too dependent.
 - d. Unadaptable.
 - e. Too competitive.
 - f. Belligerent or aggressive.
 - g. Lack of patience.
 - h. Open-mindedness.
 - i. Expects too much and expects to have to give too little.
- (6) Worrisome.
 - a. Cancerphobia, "sophomore's disease," fearfulness, guilt feelings, feelings of unworthiness, or other worries not mentioned so far.
- (7) Disposition.
 - a. Unhappy, too serious, no sense of humor, despondent, suicidal, too critical.
- (8) Others . . .
 - a. Expects too much out of life.
 - b. Jealousy or envy or hate or resentment towards people or events.
 - c. No enthusiasm.
 - d. No self-assurance . . . feelings of inferiority.

UNSATISFIED FUNDAMENTAL HUMAN NEEDS

1. Lack of a feeling of being needed or useful.
2. Lack of a sense of reasonable security.
 - (1) Financial security.
 - (2) Marital security.
3. Lack of a satisfying religion or philosophy in life. (Purpose of living . . . why are we here?).
4. Lack of reciprocal love, affection, companionship and sexual life.

5. Lack of feeling of self-respect and self-assurance.
6. Lack of troubles, sorrows and problems (some are necessary as the only means of improving human character).
7. Lack of responsibilities.
8. Lack of a reasonable unattained goal to strive for.
9. Lack of education.
10. Lack of suitable housing.
11. Lack of fundamentally sound mind and physique.
12. Lack of appreciation.

QUESTIONNAIRE FOR VETERANS OF WORLD WAR II

1. When did you enlist?
2. Draft or volunteer?
3. When discharged?
4. Reasons for discharge?
 - a. Medical or time up?
 - b. If medical, what cause?
 - c. Any compensation . . . what for . . . how much?
5. Where on duty? (List all places).
6. Rate or rank on entering?
7. Rate or rank on discharge?
8. If not in war, why?
 - a. Age.
 - b. Health.
 - c. Family.
 - d. Work.
9. Illnesses in service? (List all and length of time).

Are there any problems, worries or important facts we have not discussed?

Are there any problems we have not discussed that you wish to discuss privately with the doctor?

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